

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Title]
[Agency/Organization Name]
[Agency Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to recommend [Recipient's Name], who is applying for In-Home Supportive Services (IHSS) benefits. [He/She/They] has been a crucial part of [my life/my family's life] and has demonstrated exceptional dedication in [describing the specific needs of the individual requiring support, such as mobility assistance, personal care, etc.].

[Describe the individual's situation, including any medical conditions, limitations, and the reason support is necessary.]

[Highlight personal anecdotes that showcase the individual's need for IHSS benefits and how support will improve their quality of life.]

In my opinion, the assistance provided through IHSS will not only enhance [his/her/their] day-to-day living but significantly alleviate stress for [his/her/their] family, allowing us to focus on what truly matters-- [personal connection, emotional well-being, etc.].

I wholeheartedly support [Recipient's Name]'s application for IHSS benefits and believe [he/she/they] will greatly benefit from this program. Please feel free to contact me at [your phone number] or [your email address] should you require any further information or clarification.

Thank you for considering this request.

Sincerely,

[Your Name]

[Your Relationship to the Individual]